

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90017 012 ****61.25

DOCUMENT # N32446 1. Entity Name THE GLADES OWNERS ASSOCIATION, INC.					
Principal Place of Business THE GLADES OWNERS ASSN. 140 GRAND HERON DRIVE PANAMA CITY, FL 32407 US			Mailing Address P O BOX 9607 PANAMA CITY BEACH, FL 32417 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2965096	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCNITT, GEORGE 140 GRAND HERON DRIVE PANAMA CITY BEACH, FL 32407			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Ray Williams - President</u> Signature, typed or printed name of registered agent and title if applicable.			DATE <u>2-18-05</u> (NOTE: Registered Agent signature required when resigning)		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	MCNITT, GEORGE		NAME	RAY WILLIAMS	
STREET ADDRESS	140 GRAND HERON DRIVE		STREET ADDRESS	151 GRAND HERON DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407		CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	
TITLE	PD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	KINNER, LEE		NAME		
STREET ADDRESS	230 S. GLADES TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407		CITY-ST-ZIP		
TITLE	VD	☒ Delete	TITLE	SD/TD	☐ Change ☒ Addition
NAME	MINGE, ALEXANDRA		NAME	GENE URSprung	
STREET ADDRESS	139 GRAND HERRON DR		STREET ADDRESS	141 HOMBRE CIRCLE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407		CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	
TITLE	SD	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	CLEMENTS, MAURINE		NAME	DAN FRIESS	
STREET ADDRESS	120 GLADES TURN		STREET ADDRESS	401 BRADY WAY	
CITY-ST-ZIP	PANAMA CITY BCH, FL 32407		CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	MARION VENGLIK	
STREET ADDRESS			STREET ADDRESS	84 HOMBRE CIRCLE	
CITY-ST-ZIP			CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Ray Williams</u> <u>2/18/05</u> <u>850-233-6628</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					